

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

COPY

Posted: toDept: SADate: 8/16/10Time: 10:15

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 278 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Joshua CatiganoTelephone: 843-323-1150Address: 1 Bennett St. #3Fax: 843-725-0425Charleston SC 29401Other: 1379Email: catigano@msn.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
AUG 12 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

225356

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 8-10-10

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

312 to
re called

TROLLEY TOURS LLC

SCBARCAR.COM

1 Bennett St. Unit #3

Charleston,

Street Address of Applicant

SC 29401

(this is my new address)

Mailing Address of Applicant if different from street address

843-323-1150

Phone

843 725-0425

Fax

catigano@msn.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month AUG Year 2010

Assets:

| | |
|---------------------------------------|---|
| Cash | 10,000 |
| Receivables | I am a heater with several pending transactions |
| Real Estate | — |
| Buildings and Equipment (Net) | — |
| Motor Vehicles (Net) | 1 VAN (PAID) 4500 |
| Garage Equipment (Net) | — |
| Machinery and Tools (Net) | 500 ⁺ TIRES |
| Supplies on Hand | — |
| Prepays and Other Assets | • VAN IS PRE PAID |
| Total Assets | \$15,000 • MKTING Locations PAID |
| | • Independent DRIVERS |
| <u>Liabilities and Equity:</u> | |
| Accounts Payable | FUEL, DRIVERS, MAINT. |
| Notes Payable | — |
| Mortgages Payable | — |
| Equipment Obligations | Keep Van Clean & Safe |
| Accrued Salaries and Wages | — |
| Other Accrued Obligations | — |
| Other Liabilities | — |
| Total Liabilities | FUEL, Cost of Drivers / HRLY |
| | Cost of any Maintenance |
| Capital Stock | — |
| Retained Earnings | — |
| Total Equity | 15,000 |
| Total Liabilities and Equity | 40,000 |

PROPOSED RATES AND CHARGES FOR SERVICEMaximum Proposed Rates and Charges for Service are as follows:

I am proposing Passenger Van shuttle services
from Isle of Palms, SULLIVAN'S ISLE,
and JAMES ISLAND to Downtown
Charleston SC, and back of course

IOP → CHS - 30\$ Rd trip per person

SUL → CHS - 25\$ Rd trip per person

JI → CHS - 30\$ Rd trip. per person

propose - 10\$/hr + TIPS FOR DRIVERS.

Counties to be Served:

Charleston

Maximum Number of Passengers per Vehicle:

15

AUG-10-2010 16:28

Agent Owned Park Circle

225 3380 P.001/001

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Trolley Tours LLC dba BarCar.com

Name of Motor Carrier

1 Bennett St. Unit #3 Charleston SC 29401

Address of Motor Carrier

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 3722

Limits \$1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

| | |
|-----------------|--------------------------|
| 1-7 Passengers | \$ 25,000/50,000/25,000 |
| 8-15 Passengers | \$ 25,000/100,000/25,000 |

National Indemnity Company (Columbia Insurance Company)

Name of Insurance Company

3024 Harney St. Omaha NE 68131-3580

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8-10-10

Date

Blake Adams

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWAJoshua Catigano

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF)

CharlestonCatigano
Applicant's Signature

I,

Joshua Catigano
Name of Applicant's RepresentativeSOLE PROPRIETOR
Title

of

TROLLEY TOURS LLC
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Catigano
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 10 day of August, 2010

Haung Taylor
Notary Public

Commission Expires

3/1/2020

AgentOwned Realty Co. - Park Circle



Fax Transmittal Form

1081 E. Montague Ave
N. Charleston SC 29405

Phone: 843-225-8830
Fax: 843-225-3380

| | |
|--|---|
| TO Clerks Office Columbia SC | FROM Josh Catigano Charleston SC C: 843 323-1150 |
| <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment | Date sent: 8/11/10 Time sent: 1:20 Number of pages including cover page: 11 |

MESSAGE:

CLASS C
CHARTER
APPLICATION

May 21 2010

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

100521-0152

Filed: 3/18/2010

TROLLEY TOURS, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

AMENDED ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The Limited Liability Company amends its articles of organization in accordance with Section 33-44-204(a) of the 1976 South Carolina Code of Laws, as amended.

1. The name of the Limited Liability Company is Trolley Tours, LLC
2. The date the articles of organization were filed is 01/25/2010
3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization.
Current Registered Agent Name Joshua Catigano
Current Registered Agent Address
229 MEETING ST CHARLESTON SC 29401
Current Designated Office Address
229 MEETING ST CHARLESTON SC 29401

Other

Initially when Trolley Tours LLC was created on 1/25/10, it was expected to be 50 50 partnership. Since the time of its creation, myself, Josh Catigano, and my partner, Joe Shirley, have comes to terms with a different type of agreement and have decided to completely remove him from Trolley Tours LLC and any other liabilities or obligations that he may have. From this point forward, Trolley Tours LLC will remain in business, but no longer as a 50 50 relationship between myself and Mr. Shriley. In fact, if there is a way to remove him and his information from the entire business application, that would be ideal. I Josh Catigano, will be the only contact and one responsible for Trolley Tours LLC for the rest of its entirety starting today, 3/18/10.

4. Please attach additional amendments if space is needed.

Date 03/18/2010

Electronically signed through SCBOS.

Signature

Joshua Catigano

Name/ Capacity

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

TROLLEY TOURS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 25th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 26th day of January,
2010

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Jan 26 2010

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

100126-0285

Filed: 1/25/2010

TROLLEY TOURS, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is TROLLEY TOURS, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

229 MEETING ST

Street Address

CHARLESTON SC

City

294013107

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

JOSH CATIGANO

Name

Electronically filed on SCBOS.

Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

299 MEETING ST

Street Address

CHARLESTON SC

City

29401

Zip Code

4. The name and address of each organizer is

a) JOSH CATIGANO

Name

299 MEETING ST

Street

CHARLESTON

City

SC US

State

29401

Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2010-01-25

**Signature Page Attachment to South Carolina Business One Stop (SCBOS)
For
The State of South Carolina Secretary of State**

This page must be completed, scanned and submitted as an attachment when filing on SCBOS.
Attach additional pages as needed.

Type of Filing: ARTICLES OF ORGANIZATION (Limited Liability Company)

Name of Limited Liability Company:

Trolley Tours LLC

Signature of Each Organizer:

Cosh Catigano Catigano
Name Signature

1/24/10
Date

☒ Joe Shales
Name

1/24/10
Date

Joe Shales
Signature

Name

Signature

Date

Name

Signature

Date

Fax or e-mail your completed forms to:

SC Secretary of State

(803) 734-1610

SCSOS1@InfoAve.Net

(Please e-mail signature forms in the following file formats only:
Adobe .PDF, .GIF, or .JPEG extensions.)